

## Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

## Office of Campaign and Political Finance

of Massachusetts					
Office of Campaign and Po One Ashburton Place Boston, MA 02108 (617) 727-8352.	litical Finance	8		er e	
	O(>	f 31 200		ata)	
1. Date of Report	(Must be filed v	(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)			
2. Expenditure(s)	Made By: Massac	Massachusetts Nurses Association (Name of individual or group making expenditure)			
		rnpike St.,	Canton City/Town	02021 Zip	
		ove Expenditure(s) Election	or Defeat Promoted:	21	
3. Name of Cano	didate(s) For whom the Abo	ay kanfina	n, State Per	P	
				*	
4. Expenditure(s	s):			- ,*	
	- m n '1	Address	Purpose	Amount	
Date Paid	To Whom Paid	<del></del>	Mailing	157.48	
10/27/06	Saltus Press	24 Jolma Rd.	Halling		
		Worcester, 01604		E 191	
			8		
				. 18 A ·	
I hereby certify t	the expenditures noted are in	ndependent expenditures, as	defined by M.G.L. c.55, sectio	H IOA.	
	V > eroup who made the	expenditure(s) described he	rein did not solicit or receive a	ny contributions in	
contemplation	on of such expenditure(s), a	11/4	i il A congrate consult	or act in concert with	
(2) the individu	al(s) or group who made the	expenditure(s) describes	rein did not cooperate, consult tee organized on behalf of any enditure(s).	candidate, or any	
or at the rec	uest or suggestion of any candidate or any political con	mmittee in making such expe	enditure(s).	3	
			, ,	į,	
I further certify	that all statements made he	icm are a see and	W.		
Signed under t	he penalties of perjury:	*			
	1. 6/2	2010	Katrina Anderson Director, Legislation	and Government Affai	
Xyhiraku	alylin 10/3	Date Prin	Name of Individual Signer ar	d Title (if signing on	
Signature		Day beha	lf of a group)		
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